

U.S. DISTRICT COURT **19 CV 2982**  
SOUTHERN DISTRICT OF NEW YORK

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Robert W. Johnson, Case No.:  
Plaintiff.

v.

Jury Trial: Yes.

The Buffalo Police Department,  
Officer Poblocki; Badge No. 172575,  
& The State of New York.

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Complaint for a Civil case  
I. The parties to this complaint

A. The Plaintiff(s)

Robert W. Johnson  
3345 Fish Ave.

APT. 1  
Bronx, NY 10469

RECEIVED  
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2019 APR -2 PM 2:03  
S.D. OF N.Y.

B. The defendant(s)

1. The Buffalo Police Department
2. Buffalo Police Officer Poblocki;  
Badge No. 172575
3. The State of New York

II. Basis for jurisdiction

Federal Courts are courts of limited jurisdiction. Generally, only two types of cases can be heard in federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331. Constitution or federal laws or treaties, is a federal question case under 28 U.S.C. § 1332,

a case in which a citizen of one state or nation is sued by a citizen of another state and the amount at stake is more than \$75,000.00 is a diversity of citizenship case.

In a diversity of citizenship case, no defendant may be a citizen of the same state as any plaintiff.

Basis for federal court Jurisdiction is a federal question under 28 U.S.C § 1331.

Violation of Police Conduct, Failure To Arrest, Suspended License Driver Operator, Denial of Negligence & Due Process Violations.

Being Author of Inaccurate Car Accident Report.

3. The amount in controversy-the amount the Plaintiff claims the defendant(s) owes or the amount at stake-is more than \$75,000.00 not counting interest and costs of Court because Plaintiff and courts have ongoing expenses due to denial by the defendant(s) of federal question under 28 U.S.C §1331 jurisdiction.

### III. Statement of Claim

On January 28, 2017, I, the Plaintiff, Robert W. Johnson, was a passenger in Demetrius Moore, 2008 Chevy Trailblazer in a rear-end accident done by Maureen Fabre

License # 892113147 of 17 15<sup>TH</sup> Street.;  
APT No. 4 in Buffalo, NY 14213 in her  
1999 Oldsmobile. (see EXHIBITS 1)

Demetrius Moore made a left turn  
onto Walden Ave. from Rohr St.  
Seconds later, Maureen Fabre rear-  
ended the vehicle we were in causing  
Plaintiff serious injuries and pain and  
suffering. Each defendant caused  
Plaintiff to suffer as the vehicle  
who struck me driver was a suspended  
license driver that was not  
arrested after permanently injuring  
Plaintiff and disabling Plaintiff.  
Additionally, the author Police Officer  
Poblocki; Badge No. 172575 did not  
write down accurate car accident

description notes.

The defendants have violated the Plaintiff's civil rights for failure to arrest a suspended license driver who injured a person(s), Failed to follow proper police conduct, Denial and negligence in properly responding immediately to a car accident in which is a violation of Due Process Rights of Plaintiff.

IV. Relief Sought by Plaintiff is Punitive Damages and sanctions in the amount of \$100 million dollars under 28 U.S.C § 1331 federal question.

March 25, 2019

©

Robert W. Johnson  
Robert W. Johnson

EXHIBITS

1

Local Codes  
17-028-0842  
102

## POLICE ACCIDENT REPORT

MV-104A (8/04)

DMV COPY

AMENDED REPORT

1	Accident Date Month Day Year 1 25 2017	Day of Week SATURDAY	Military Time 2142	No. of Vehicles 2	No. Injured 1	No. Killed 0	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>																																																																																																			
2	VEHICLE 1 Vehicle 1 - Driver License ID Number 892113147 Driver Name - exactly as printed on license FABRE, MAUREEN Address (Include Number & Street) 17 15TH ST City or Town BUFFALO State NY Zip Code 14213			VEHICLE 2 Vehicle 2 - Driver License ID Number 324 277 805 Driver Name - exactly as printed on license MOORE, DEMETRIUS Address (Include Number & Street) 61 TARKINGTON City or Town N. TONAWANDA State NY Zip Code 14150																																																																																																								
3	Date of Birth Month Day Year 10 07 99	Sex F	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>	Date of Birth Month Day Year 07 01 1983	Sex M	Unlicensed <input type="checkbox"/>	No. of Occupants 2	Public Property Damaged <input type="checkbox"/>																																																																																																		
4	Name - exactly as printed on registration WILSON, JACLYN Address (Include Number & Street) BUFFALO 116 ISABELLE ST City or Town BUFFALO State NY Zip Code 14207	Sex F	Date of Birth Month Day Year 4 29 91	Age 26	Released <input type="checkbox"/>	Name - exactly as printed on registration DRIVER Address (Include Number & Street) City or Town State Zip Code	Sex	Date of Birth Month Day Year	Age	Released <input type="checkbox"/>																																																																																																		
5	Plate Number HMG 3881	State of Reg. NY	Vehicle Year & Make 1999 OLDS	Vehicle Type 4DS	Ins. Code 093	Plate Number FWP 6352	State of Reg. NY	Vehicle Year & Make 2008 CHEV	Vehicle Type SUV	Ins. Code 195																																																																																																		
6	Vehicle 1 Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To	Vehicle 2 Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit. VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact Box 2 - Most Damage Enter up to three more Damage Codes Vehicle By Towed: To	Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles. Rear End Left Turn Right Angle Right Turn Head On 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. ACCIDENT DIAGRAM Cost of repairs to any one vehicle will be more than \$1000. <input type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																									
7	Reference Marker	Coordinates (If available) Latitude/Northing: Longitude/Easting:	Place Where Accident Occurred: County ERIE City Village Town of BUFFALO Road on which accident occurred 143 WANDER at 1) intersecting street or 2) Feet Miles of (Milepost, Nearest Intersecting Route Number or Street Name)																																																																																																									
8	Accident Description/Officer's Notes SEE ORIGINAL REPORT FOR NARRATIVE. ON 1/29/17 ROBERT JOHNSON CAME TO STATION D REPORT HE WAS IN VEHICLE 2 WHEN IT WAS STRUCK. HE STATED HE WAS PICKED UP BY HIS GIRLFRIEND 15 MIN AFTER THE ACCIDENT AND ON 1/29/17 HE WENT TO SISTERS HOSPITAL FOR HEAD/NECK/BACK PAIN. VIDEO REQUESTED.																																																																																																											
9	<table border="1"> <thead> <tr> <th></th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>4</td> <td>1</td> <td>25</td> <td>F</td> <td>-</td> <td>-</td> <td>6</td> <td>-</td> <td>-</td> <td>-</td> <td>FABRE MAUREEN</td> <td>-</td> </tr> <tr> <td>B</td> <td>3</td> <td>4</td> <td>1</td> <td>25</td> <td>F</td> <td>-</td> <td>-</td> <td>6</td> <td>-</td> <td>-</td> <td>-</td> <td>WILSON JACLYN</td> <td>-</td> </tr> <tr> <td>C</td> <td>2</td> <td>4</td> <td>1</td> <td>33</td> <td>M</td> <td>-</td> <td>-</td> <td>6</td> <td>-</td> <td>-</td> <td>-</td> <td>DEMETRIUS MOORE</td> <td>-</td> </tr> <tr> <td>D</td> <td>3</td> <td>4</td> <td>1</td> <td>32</td> <td>M</td> <td>4</td> <td>14</td> <td>6</td> <td>-</td> <td>-</td> <td>-</td> <td>JOHNSON, ROBERT</td> <td>-</td> </tr> <tr> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>											9	10	11	12	13	14	15	16	17	BY	TO	Names of all involved	Date of Death Only	A	1	4	1	25	F	-	-	6	-	-	-	FABRE MAUREEN	-	B	3	4	1	25	F	-	-	6	-	-	-	WILSON JACLYN	-	C	2	4	1	33	M	-	-	6	-	-	-	DEMETRIUS MOORE	-	D	3	4	1	32	M	4	14	6	-	-	-	JOHNSON, ROBERT	-	E														F													
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F																																																																																																												
10	Officer's Rank and Signature Print Name POBLOCH		Badge/ID No. 17255	NCIC No. 01401	Precinct/Post Troop/Zone C	Station/Beat/ Sector 2	Reviewing Officer	Date/Time Reviewed 1/29/17 2040																																																																																																				

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Local Codes  
17-628-0842  
102

## POLICE ACCIDENT REPORT

MV-104A (6/04)

☐ AMENDED REPORT

DMV COPY

C-102 (202)

1	Accident Date Month <u>12</u> Day <u>28</u> Year <u>2017</u>	Day of Week <u>SAUNDAY</u>	Military Time <u>2142</u>	No. of Vehicles <u>2</u>	No. Injured <u>0</u>	No. Killed <u>0</u>	Not Investigated at Scene <input type="checkbox"/>	Left Scene <input type="checkbox"/>	Police Photos <input type="checkbox"/>																																																																																																																	
2	VEHICLE 1				VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																																																																																																																					
2	VEHICLE 1 - Driver License ID Number <u>892113147</u> State of Lic. <u>NY</u>				VEHICLE 2 - Driver License ID Number <u>324277805</u> State of Lic. <u>NY</u>																																																																																																																					
3	Driver Name - exactly as printed on license <u>FABRE, MAUREEN</u> Address (Include Number & Street) <u>17 1ST ST</u> Apt. No. <u>4</u>				Driver Name - exactly as printed on license <u>MOORE, DEMETRIUS</u> Address (Include Number & Street) <u>61 PARKINGTON</u> Apt. No. <u>4</u>																																																																																																																					
3	City or Town <u>BUFFALO</u> State <u>NY</u> Zip Code <u>14213</u>				City or Town <u>TONAWANDA</u> State <u>NY</u> Zip Code <u>14150</u>																																																																																																																					
3	Date of Birth Month <u>10</u> Day <u>01</u> Year <u>91</u> Sex <u>F</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>2</u> Public Property Damaged <input type="checkbox"/>				Date of Birth Month <u>07</u> Day <u>09</u> Year <u>1983</u> Sex <u>M</u> Unlicensed <input type="checkbox"/> No. of Occupants <u>1</u> Public Property Damaged <input type="checkbox"/>																																																																																																																					
3	Name - exactly as printed on registration <u>WILSON, JACLYN</u> Sex <u>F</u> Date of Birth Month <u>04</u> Day <u>29</u> Year <u>91</u>				Name - exactly as printed on registration <u>DRIVER</u> Sex <u>M</u> Date of Birth Month <u>07</u> Day <u>09</u> Year <u>1983</u>																																																																																																																					
4	Address (Include Number & Street) <u>116 ISABELLE ST</u> Apt. No. <u>2F</u> Haz. Mat. Code <u>X</u>				Address (Include Number & Street) <u>DRIVER</u> Apt. No. <u>4</u> Haz. Mat. Code <u>X</u>																																																																																																																					
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4	Plate Number <u>AMG3881</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>1999 OLDS</u> Vehicle Type <u>4DS</u> Ins. Code <u>693</u>				Plate Number <u>GWP6352</u> State of Reg. <u>NY</u> Vehicle Year & Make <u>2008 CHEV</u> Vehicle Type <u>SUV</u> Ins. Code <u>195</u>																																																																																																																					
4	Ticket/Arrest Number(s) <u>BU076KHT 3H</u>				Ticket/Arrest Number(s) <u>DRIVER</u>																																																																																																																					
4	Violation Section(s) <u>511A V&amp;T</u>				Violation Section(s) <u>DRIVER</u>																																																																																																																					
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4	VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact <u>6</u> Box 2 - Most Damage <u>6</u> Enter up to three more Damage Codes <u>3</u> <u>4</u> <u>5</u>				VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact <u>9</u> Box 2 - Most Damage <u>9</u> Enter up to three more Damage Codes <u>10</u> <u>4</u> <u>5</u>																																																																																																																					
4	Vehicle By Towed: To _____				Vehicle By Towed: To _____				Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																	
4	VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER								Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Unknown/Unable to Determine <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																	
4	Reference Marker				Coordinates (if available) Latitude/Northing: Longitude/Easting:				Place Where Accident Occurred: County <u>ERIE</u> City <input type="checkbox"/> Village <input type="checkbox"/> Town of <u>BUFFALO</u> Road on which accident occurred <u>143 WALDEN</u> (Route Number or Street Name) at 1) intersecting street _____ (Route Number or Street Name) or 2) _____ of _____ (Milepost, Nearest Intersecting Route Number or Street Name)																																																																																																																	
4	Accident Description/Officer's Notes <u>DRIVER 2 WAS SITTING IN PARKED VEHICLE. DRIVER 1 VEHICLE BEGAN TO FISH TAIL DUE TO SNOW COVERED ROADS. THE REAR END OF VEHICLE 2 STRUCK VEHICLE 1. DRIVER 1 LICENSE WAS SUSPENDED FROM UNANSWERED SUMMONS.</u>																																																																																																																									
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4	Officer's Rank and Signature <u>PO [Signature]</u> Print Name <u>POBLOCKI</u>				Badge/ID No. <u>17255</u> NCIC No. <u>6401</u>				Precinct/Post Troop/Zone <u>C</u> Station/Beat/Block <u>2</u>				Reviewing Officer <u>[Signature]</u> Date/Time Reviewed <u>1/29/17 0110</u>																																																																																																													

## Certificate of Service

I, Robert W. Johnson, certify that on March 25, 2019, I served a copy of civil action request to proceed as a poor person and a civil action application upon the following:

1. COURT CLERK  
500 Pearl St.  
New York, NY 10007

March 25, 2019

Robert W. Johnson  
Robert W. Johnson

ROBERT W. JOHNSON  
3345 FISH AVE.  
APT. 1  
BRONX, NY 10469



USM<sub>P3</sub>  
SDNY

COURT CLERK  
500 PEARL ST.  
NEW YORK, NY 10007

Pro Se  
SM

RECEIVED  
SDNY PRO SE OFFICE  
2019 APR -2 PM 2:03  
S.D. OF N.Y.

RECEIVED  
CLERK'S OFFICE  
2019 APR -1 PM 3:45  
S.D. N.Y.